

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.
10607099

FILING DATE
06-26-03

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5		3				
6	1					
7		1				
8		1				
9		1				
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TOTAL IND.	2					
TOTAL DEP.	11	↔	↔	↔		
TOTAL CLAIMS	13	████	████	████	████	████

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.		↔				
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		████	████	████	████	████